Autism Waiver Policy Clarification – Frequently Asked Questions

There have been some questions surrounding the coordination of benefits for children receiving services through both the Medicaid Autism Waiver and other funding sources; whether the source is a parent paying privately for additional services, a private insurance benefit or another service offered through the Medicaid program. The purpose of this document is to provide policy clarification related to benefit coordination.

Question: Can parents pay privately for their child to receive additional services in excess of the 15 hours per week funded by the Medicaid Autism Waiver?

Answer: Yes, parents can pay privately for their child to receive additional services in excess of the 15 hours per week provided by the waiver.

Question: Does a child's eligibility for ABA services through a private insurance benefit have an impact on the amount of services they are able to receive through the Medicaid Autism Waiver?

Answer: This question cannot be answered with a simple yes or no. This is one of the policy issues we hope to be able to further define during the pilot period. Issues such as whether the private insurance benefit provides for in-home services or center-based services or whether the ability to access the benefit through the private insurance would result in significant additional co-pays for the family, etc. are all issues that need additional policy consideration. Accordingly, the child's Support Coordinator will work with the family and the child's BCBA to evaluate and discuss these situations on a case-by-case basis.

Question: If a child is receiving center-based ABA-type services, paid by any funding source other than Medicaid, does the amount of service provided in the center-based setting result in the child being eligible for a reduced number of waiver service hours?

Answer: No, the number of hours provided through center-based settings will not impact the number of ABA hours available through the waiver because the waiver is providing one-one-one, in-home services that include family involvement and the waiver services are different from those provided in center-based settings.

Question: If a child is receiving services from a center-based program and that program is funded by Medicaid, does the amount of service provided in the center-based setting result in the child being eligible for a reduced number of waiver service hours?

Answer: No, the number of hours provided through center-based settings will not impact the number of ABA hours available through the waiver. Medicaid funded, center-based services are available only through the Medicaid Mental Health benefit. Only children who have been diagnosed with a co-occurring mental illness (in addition to their autism spectrum disorder diagnosis) are eligible to receive services through the Medicaid Mental Health benefit. If families have questions about the Medicaid covered mental health benefits available to children, please advise families to contact the local mental health authority that serves their community. (Please see attached Mental Health Authority Map or Medicaid Member Guide. Link to Medicaid Member Guide: http://health.utah.gov/umb/forms/pdf/mg_w_cover.pdf)

Note: In all situations, the State recommends that families work closely with their child's Board Certified Behavior Analyst, the child's physician, and any other relevant service providers to develop an appropriate service package.

Additions Questions? Call Kristi Hall 801.538.6357 or Josip Ambrenac 801.538.6090

